3031053140

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

| FORM 1 | | | | | ME (CLIALITY |
|---|------------------|--------------------------|--|---------------------------------------|-----------------------------------|
| 1. NAME OF | | (Check if name | Example:If typing, type | | Office Use Only ZUID APR AM O |
| COMMITTEE (in | n full) | is changed) | over the lines. | 12FE4M5 | FEC MAIL CENTER |
| Friend | d5 of | BINT | boman | | |
| | <u> </u> | | | | |
| ADDRESS (number a | und street) | PO BOX | | | |
| (Check if is changed | address | | | | |
| • | L L | CENTIFICITY A | <u>//e </u> | MD STATE A | ŽIP CODE A |
| COMMITTEE'S E-M/ | AIL ADDRESS | | | | |
| | address | riends of | bill-tilghma | na6n | sail. Com |
| · | | tional Second E-Mail Add | | | |
| | | | | | |
| (Check if is changed 2. DATE | | BIII TIII AND | man , net | | |
| | | 2013 | | | · |
| 3. FEC IDENTIFIC | CATION NUMBI | ER ▶ C | | | |
| 4. IS THIS STATE | MENT X | NEW (N) OR | AMENDED (A) | · · · · · · · · · · · · · · · · · · · | |
| I certify that I have | examined this St | atement and to the best | of my knowledge and belief it | is true, correct an | d complete. |
| Type or Print Name | of Treasurer | Benjamin | C Tilghma | 10 | |
| Signature of Treasure | er BOU | nmOUK | mm | Date 54 | 10113 |
| NOTE: Submission of | | | may subject the person signing to ON SHOULD BE REPORTED W | | e penalties of 2 U.S.C. §437g. |
| Office Use Only | | | For further Information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |